



Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MEDI-LAB CORPORATION
412 W. BROADWAY SUITE 200
GLENDALE CA 91204

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-13-2803-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "It appears that the adjuster or bill review has denied payment based on codes "CAC-16", "225" and "758" for the most part. Base on a conversation with Texas Mutual several months ago, you requested we provide the following documents and re-submit for reconsideration."

Amount in Dispute: \$8,110.34

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual reviewed its claim files and found (B) (i-iii) does not apply...The DWC MDR date stamp listed on all the DWC-60s is 6/26/13. Of the 127 disputes, 121 have dates of service beyond the one year timeline of Rule 133.307...The requestor has waived its right to DWC MDR in these 121. No payment is due."

Response Submitted by: Texas Mutual Insurance.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Untimely
July 6, 2011	Urinary Drug Screen 82486 & 82492	\$1,311.07	\$0.00
November 8, 2011	Urinary Drug Screen 82486 & 82492	\$1,250.09	\$0.00
January 30, 2012	Urinary Drug Screen 82486 & 82492	\$1,250.09	\$0.00
April 25, 2012	Urinary Drug Screen 82486 & 82492	\$1,494.01	\$0.00

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 18, 2012	Urinary Drug Screen 82486 & 82492	\$1,250.09	\$

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 *Texas Register* 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.210 sets out documentation requirements
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for clinical laboratory services
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of Benefits (EOB)

- CAC– 16 Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason.)
- CAC-193 Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 225– The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 758 – ODG documentation requirements for urine drug testing have not been met.
- CAC– 18 Duplicate claim/service.
- CAC– 29 The time limit for filing has expired
- 224– Duplicate charge.
- 731– Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.
- 724- No additional payment after reconsideration of services. For information call 1-800-937-6824.

Issue

1. Was the requestor required to file for dispute not later than one year after the service?
2. Did the requestor waive the right to medical fee dispute resolution?
3. Did the requestor meet division documentation requirements?
4. Did the carrier appropriately request additional documentation?
5. Were Medicare policies met?
6. Is reimbursement due?

Findings

1. The respondent in its position states "Texas Mutual reviewed its claim files and found (B) (i-iii) does not apply...The requestor has waived its right to DWC MDR." 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be files on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service (DOS) in dispute." The division concurs with the respondent in that the request for medical fee dispute does not involve issues identified in 28 Texas Administrative Code §133.307 (B) (i-iii). For that reason, the division concludes that the requestor was required to file for medical fee dispute resolution not later than one year after the dates of service in dispute.
2. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on June 28, 2013. Dates of service in July 7, 2011, November 8, 2011, January 30, 2012 and April 25, 2012 were untimely based upon the medical fee dispute resolution received date of June 28, 2013. The division concludes that the provider has waived its right to medical fee dispute resolution for dates July 7, 2011

through April 25, 2012.. Additionally, and based upon the same June 28, 2013 received date, the division concludes that date of service October 18, 2012 was filed timely and therefore eligible for medical fee dispute resolution.

3. The workers' compensation carrier (carrier) denied date of service October 18, 2012 using claim adjustment code 758 which states that "ODG documentation requirements for urine drug testing have not been met. Documentation requirements for the services provided are not established by ODG, rather, documentation requirements are established by 28 TAC §133.210 which describes the documentation required to be submitted with a medical bill. 28 TAC §133.210 does not require documentation to be submitted with the medical bill for the services in dispute. The carrier's denial reason is not supported.
4. The workers' compensation insurance carrier also denied the October 18, 2012 date of service using claim adjustment code 225- the submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information." The process for a carrier's request of documentation not otherwise required by 28 TAC §133.210 is described in section (d) of that section as follows:

"Any request by the insurance carrier for additional documentation to process a medical bill shall:

- (1) be in writing;
- (2) be specific to the bill or the bill's related episode of care;
- (3) describe with specificity the clinical and other information to be included in the response;
- (4) be relevant and necessary for the resolution of the bill;
- (5) be for information that is contained in or in the process of being incorporated into the injured employee's medical or billing record maintained by the health care provider;
- (6) indicate the specific reason for which the insurance carrier is requesting the information; and
- (7) include a copy of the medical bill for which the insurance carrier is requesting the additional documentation."

For DOS October 18, 2012, no documentation was found to support that the carrier made an appropriate request for additional documentation with the specificity required by §133.210(d). The division concludes that carrier failed to meet the requirements of 28 TAC 133.210(d). For the reason's stated in paragraphs 4 and 5 above, the division concludes that the service provided on October 18, 2012 is eligible for payment.

5. 28 TAC §134.203(b)(1) states that "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiative (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." §134.203(a)(5) states that "'Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, values and weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare." The services in dispute are clinical laboratory services; therefore, Medicare policies for the clinical laboratory services must be met. The services in dispute are addressed in the CMS Clinical Laboratory Fee Schedule. For DOS October 18, 2012, the requestor billed the following AMA CPT codes/descriptions as follows:
 - a. CPT code 82486, forty units of Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified
 - b. CPT code 82492, one unit of Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase

Review of the medical bill finds that current AMA CPT codes were billed, and that there are no CCI conflicts or Medicare billing exclusions that apply to the clinical laboratory services in dispute. The requestor met 28 TAC §134.203.

6. The DOS October 18, 2012 in dispute is eligible for payment. 28 TAC §134.203(e) states:

"The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

 - (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and
 - (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service."

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and

those which are considered technical only. The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e)(1). The maximum allowable reimbursement(MAR) for the services in dispute is 125% of the fee listed for the codes in the 2012 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>. Review of the submitted documentation finds that the provider sufficiently documented units billed. Therefore, the total MAR is \$1,310.46, as follows:

- 82486 40 Units = (\$25.57 x 1.25%) x 40 = \$1,278.50
 - 82492 1 Unit = (\$25.57 x 1.25%) x 1 = \$31.96
- \$1,310.46

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due for services provided on October 18, 2012. The amount in dispute is \$1,250.09; therefore, the amount ordered is \$1,250.09.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,250.09 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

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Signature	Medical Fee Dispute Resolution Officer	Date

October 31, 2013

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.